	NO. OF COPIES RECEIVED	-		2.1		
	DISTRIBUTION		CONSERVATION CON	MISSION	Form C-104	
	SANTA FE	REQUEST	FOR ALLOWABLE	6.C.		d C-104 and C-110
	FILE	AND			Effective 1-1-	65
	U.S.G.S.					
		UCT SI S VI				
	TRANSPORTER GAS	-				
	OPERATOR	-				
I.	PRORATION OFFICE					
	Operator					
	Skelly Oil Company					
	Address			· · · · · · · · · · · · · · · · · · ·		
	P.O. 1	ian 730, Nobbe, New Hexid				
	Reason(s) for filing (Check proper box)		Other (Plea	se explain)		
		Change in Transporter of:				
	Recompletion Change in Ownership	Oil Dry Go Casinghead Gas 🕱 Conde				
	If change of ownership give name and address of previous owner					
П.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F	ormation	Kind of Lease	· ··	Lease No.
	Robbe "T" S. Ho.	2 15 Chaveroo Sa		State, Federal or F	ee State	8-1369
	Location			1		
	Unit Letter 0 ; 990	Feet From TheLir	ne and <b>1980</b>	Feet From The	Xest	
	Line of Section Toy	vnship <b>?~6</b> Range 3	<b>3-2</b> , NMF	M, Rooseve	1t	County
111.		TER OF OIL AND NATURAL GA	S Address (Cine addres	s to which approved or	ony of this form is	to be sent!
	Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)					
	Name of Authorized Transporter of Casinghead Gas         or Dry Gas         Address (Give address to which approved copy of this form is to be sent)					to be sent)
	Cities Service Oil Company Bartlesvillo, Oklahoms					
		Unit Sec. Twp. Rge.	Is gas actually conne			
	If well produces oil or liquids, give location of tanks.	6 34 78 338	yes	Ju	ne 6, 1966	
	this production is commingled with that from any other lease or pool, give commingling order number:					
		th that from any other lease or pool,	give commingling ord	ler number:		
	COMPLETION DATA	Oil Well Gas Well	give comminging ord	·····	g Back   Same Re	s'v. Diff. Res'v.
	COMPLETION DATA Designate Type of Completic	on - (X)	New Well Workove	Deepen Plu		s'v. Diff. Res'v.
	COMPLETION DATA	Oil Well Gas Well		Deepen Plu	g Back   Same Re	s'v. Diff. Res'v.
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(Sign

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This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.